MULTIPLE DEPENDENT CLAIM	SERIAL NO.	
FEE CALCATA ATION SHEET		FILING DATE
	10/563146	
(FOR USE H FORM PTO-875)	APPLICANT(S,	

		(FOR U	SE\f	FORM	PTO-875)	•	APPLICA	ΧΤ (S,			-l		
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PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE